STD. 262 (REV.	9/2007)					ns and *Pri n Reverse S				Page	of	Pag	jes	
CLAIMANT'S NAME							LOYEE NUM	BER*	DEPARTMENT					
POSITION			CB/ID) No.		DIVISION or	BUREAU			ļ		INDEX NU	MBER	
RESIDENCE ADDRESS *							TERS ADDRI	ESS			TELEPHONE NUMBER			
		CITY	-											
CITY STATE ZIP CODE											STATE	ZIP C	ZIP CODE	
(1) NORMAL WO	DRK HOURS					(2) PRIVATE V	/EHICLE LICI	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED		
(4) MONTH/YEAR	(6)	(7)	(8)	MEALS		(9)		TRANSPORTA	TION		(11)	(12)		
LOCATION WHERE EXPENSES			BREAK-		O.T., L/1 N/C, REL	Т,	(10) (A) COST OF	(B) (C)		(D)			TOTAL EXPENSES	
(5) DATE TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNE	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
(13)	SUBTOTALS													
COLUMN	CODE (ACCTG. USE ONLY	")												
	CLAIM TOTAL													
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC	COUNTING	OFFICE	
												E ONLY		
										PAID	BY REVOLVIN	IG FUND CHE	ECK NUMBE	
(15) I HERE used, a	BY CERTIFY That the above is a true and if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	statement of th	e travel expe	enses incurred	d by me in the vehicle	accordance wi	th DPA rules or greater than	in the ser	vice of the State	of Califo t I have r	rnia. If a priva	itely owned ver	ehicle was scribed by	
SAM Se CLAIMANT'S SI		54 pertaining to	vehicle safety DATE	y and seat be					NG TRAVEL AN			ATE		
>=					×									

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	Send			Data	Cle	ar	Print		Impor	tant Note				
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	INEL ADMINIS	BTRATION			ns and *Pri Reverse \$				Page	1 of	1 Pag	jes
	ANT'S NA						SSN or EMP	LOYEE NUMI	3ER*			RTMENT		
		EHNES		CP/ID	No		DIVISION or	DUDEALI			DME	IC	INDEVAILE	MDED
POSITION CB/ID No. DIRECTOR NON							DIRECT		FICE		INDEX NUMBER			WIDER
RESIDENCE ADDRESS *								TERS ADDRE			11000000			NE NUMBER
							980 9TH	STREET	, SUI	TE 500			322-20	12
CITY			STAT		DDE		CITY	an mo				STATE	ZIP C	
			CA	8			SACRAN			387(57)003		CA	95814	
(1) NOF	RMAL WO	RK HOURS					(2) PRIVATE \	EHICLE LICE	ense nu	MBER	(3) MIL	EAGE RATE	CLAIMED	
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS		(9)	(10)	TRANSPORT		TION		(11)	(12)
Jun	e 17	LOCATION WHERE EXPENSES	}		O.T., L N/C, RE			(A)	(B)	(C)		(D)		TOTAL
30	TIME	- WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	FOR DAY
06-17	0730	Sacramento to San Francisco			10.00				SC	10.00		0.00		20.00
06-18	1800	San Francisco to Sacramento	145.73				6.00		SC	18.00		0.00		169.73
												0.00		0.00
												0.00		0.00
<u> </u>												0.00		0.00
												0.00		0.00
**												0.00		0.00
												0.00		0.00
8												0.00		0.00
												0.00		0.00
												0.00		0.00
100												0.00		0.00
(13)		SUBTOTALS	145.73	0.00	10.00	0.0	6.00	0.00		28.00	0.00	0.00	0.00	189.73
CO		CODE (ACCTG. USE ONLY) CLAIM TOTAL												\$189.73
		44. aministropromitation to		55 19										Ψ10 <i>7.73</i>
988 ECW010		OF TRIP, REMARKS AND DETAILS (Att			BOL FORMULTINOSPEC						AC		COUNTING SE ONLY	OFFICE
6-17		attended a meeting with Bro Met with Jerry Fleming at K							co.		DAID	2000		OK NUMBER
6-18	Α	attended (California Quality attended the CQC Planning	/ Collabo	rative) Co	QC Retre						PAID 6	Y REVOLVIN	IG FUND CHE	ECK NUMBER
0-10	-10 - A	attended the ege I failing	Dession i	II Dall I'ld	incisco.									
Pleas	se note	: The Director parks in sh	ort-term p	oarking, a	is a reasc	onable a	occommod	lation.						
8 <u>1</u>														
(15)	l HEREI used, ar SAM Se	BY CERTIFY That the above is a true sind if mileage rates exceed the minimum actions 0750, 0751, 0752, 0753 and 0754	tatement of th rate, I certify to pertaining to	e travel exper hat the cost o vehicle safetv	nses incurred of operating to and seat bel	l by me in he vehicle t usage.	accordance wi was equal to c	th DPA rules or greater than	in the se the rate	rvice of the State claimed, and that	of Califon	nia. If a priva et the require	tely owned ve ments as pres	ehicle was scribed by
CLAIMANT'S SIGNATURE DATE						(16)	SIGNATURE C	F OFFICER	APPROV	NG TRAVEL AND	PAYMEN	NT D/	ATE	
(17) SE	ECIAL EX	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reversel	29						D/	ATE	
28														

	Send			Data	Cle	ar	Print		Impor	tant Note	1			
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	NEL ADMINI	STRATION			s and *Pri Reverse \$				Page	1 of	1 Pag	ges
	ANT'S NA						SSN or EMP	LOYEE NUM	BER*			RTMENT		
POSITIO		EHNES		CB/ID	No.	8	DIVISION or	BUREAU			DMF	10	INDEX NU	MBER
DIRECTOR NON								OR'S OF	FICE		1000			
RESIDENCE ADDRESS *								TERS ADDRI			TELEPHONE NUMBE			
CITY STATE ZIP CODE								STREET	, SUI	TE 500		322-2012 STATE ZIP CODE		
			CA	*1			SACRAN	MENTO			CA 95814			
(1) NOR	MAL WO	RK HOURS				(2) PRIVATE \	/EHICLE LICI	ENSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED	
(4) MON	ΓΗ/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	.TION		(11)	(12)
6-22	2-10	LOCATION WHERE EXPENSES		BREAK-	O.T., I N/C, RE			(A) COST OF	(B) (C)		DDI)/A	(D)	1	TOTAL
-	TIME	- WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	FOR DAY
06-22	0700	Sacramento to Berkeley			10.00				SC:	9.00		0.00		19.00
<u>u</u>				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)	20	SUBTOTALS	0.00	0.00	10.00	0.0	0.00	0.00		9.00	0.00	0.00	0.00	19.00
CO	LUMN	CODE (ACCTG. USE ONLY)												
	XI	CLAIM TOTAL												\$19.00
MARI COMONN		OF TRIP, REMARKS AND DETAILS (Att			acc conditions agreed						AC		COUNTING SE ONLY	OFFICE
6-22-		attended a meeting with UC attended a meeting with IG									PAID E	2000		ECK NUMBER
(15)	HERE	BY CERTIFY That the above is a true s	tatement of th	e travel exper	nses incurred	l by me in a	accordance wi	th DPA rules	in the sei	vice of the State	of Califor	nia. If a priva	itely owned ve	ehicle was scribed by
CLAIMA	SAM Se	octions 0750, 0751, 0752, 0753 and 0754 GNATURE	pertaining to	vehicle safety DATE	and seat bel	t usage.				NG TRAVEL AND			ATE	
25						<u>es</u>								
(17) SP	ECIAL E	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)							D/	ATE	